OFFICIAL 0938-

Revision:	HCFA-PM-91 AUGUST 1991		(BPD)		OMB No. 0	938-
State/Territory: Indiana						
Citation	7.4	State (	Governor's Re	eview		
42 CFR 430.12(b)		The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.				
		LY I	Not applicab	le. The Go	overnor	
			Does not v	vish to rev	view any pla	an material.
			Wishes to specified	review on	ly the plan closed docum	materials ment.
I hereby certify that I am authorized to submit this plan on behalf of						
Office of Medicaid Policy and Planning (Designated Single State Agency)						
Date:	10/16/91			•	<b>.</b>	
			Ja	(Signa	Verlus ture)	<del></del>
			<u>Assil</u>	T. SEC (Tit	ITEOICAID le) AND	PLANNING.
TN No. Supersedes TN No.	91-16 Appro	val Date	3-13-9	Z Eff	ective Date	1-1-92
TN No.	/8-5					

HCFA ID: 7982E